PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

O4743 7590 03/22/2006 MARSHALL, GERSTEIN & BORUN LLP 233 S. WACKER DRIVE, SUITE 6300 SEARS TOWER 5/22/2008 1/5/2008 1/5/22/2008 1/5/2008 1/5/2008 1/5/2008 1/5/2008 1/5/2008 1/5/2008 1/5/2008 1/5/					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop (SSUP FEE address above, or being facsimile transmitted to the USPTO (57)) 278-2885, on the date indicated below.				
FC:1501	1400.00 OP	(A)		7/	U	78	1./.	(Signature)	
FC:1504 FC:8001	300.00 OP 9.00 OP	TO STATE OF THE PARTY OF THE PA	PADE		: /	V 6/	19/06	(Date	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/866,311	09/866,311 05/25/2001 David Allar				ok 06007/37458 4324				
TITLE OF INVENTION: F	IYDRAULIC SYSTEM FOR	R WHEELED LOA	DER						
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		JBLICATION FEE	TOTAL I	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700		06/22/2006	
EXAM	EXAMINER		ART UNIT		ASS-SUBCLASS				
LOPEZ,	FRANK D	3745			060-469000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Marshall, 2 Gerstein & 3 Borun IIP						
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN J.C. Bamford	D RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion IEE LECTRONIC LICENTIFICATION L	elow, no assignee of this form is NO mited	data will app T a substitute (B) RESIDE Staff	oear on to for filin ENCE: (G	he patent. If an assi g an assignment. CITY and STATE OF ire, United	K COUNTRY) Kingdom	1		
4a. The following fee(s) are Issue Fee Publication Fee (No	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).								
a. Applicant claims S	(from status indicated above	37 CFR 1.27.	☐ b. Applic	cant is no	o longer claiming SM	ALL ENTITY	status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and I	is requested to apply the ss ublication Fee (if required) vords of he united States Pat	will not be accepted	l from anvon	ny) or to e other t	re-apply any previou nan the applicant; a re	isly paid issue to gistered attorn	ee to the applicately or agent; or the	ation identified above. the assignee or other party	
Authorized Signature	JAX (√ 98 l		-	Date	6/19/0)	6		
Typed or printed name David C. Read				Registration No. 39,811					
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, slinia 22313-1450. DO NOT	O. Time will vary	aepenaing u Chief Infon	pon tne mation (individual case. Any Officer, U.S. Patent ar	comments on to	ne amount of the Office, U.S. Dep	artment of Commerce, P.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.